



**YESHIVA DERECH HA TORAH**  
 2810 NOSTRAND AVENUE BROOKLYN, NY 11229  
 (718) 258-4441 • FAX (Financial Office) (718) 692-2285, FAX (2nd Floor Office) (718) 677-8230 • WWW.YDH.ORG  
 CHARTERED BY THE REGENTS OF THE UNIVERSITY OF THE STATE OF NEW YORK

## APPLICATION FOR RE-REGISTRATION

### תשפ"ב - תשפ"ג 2022 - 2023

ENTERING GRADE \_\_\_\_\_ AS OF SEPT. 2022

STUDENT'S NAME \_\_\_\_\_  
*First Middle Last*

STUDENT'S HEBREW NAME \_\_\_\_\_  
*(In Hebrew letters) Last Middle First*

AGE (As of 9/1/22) Years \_\_\_\_\_ Months \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHPLACE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

BETWEEN WHICH STREETS \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

### PARENTS:

FATHER'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

PARENTS MARITAL STATUS:

MARRIED  DIVORCED  SEPARATED

CUSTODY:  FATHER  MOTHER  SHARED

### OTHER CHILDREN IN FAMILY:

1. Name \_\_\_\_\_ Age \_\_\_\_\_ M  F

School Attending \_\_\_\_\_

Grade \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_ M  F

School Attending \_\_\_\_\_

Grade \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_ M  F

School Attending \_\_\_\_\_

Grade \_\_\_\_\_

4. Name \_\_\_\_\_ Age \_\_\_\_\_ M  F

School Attending \_\_\_\_\_

Grade \_\_\_\_\_

### GRANDPARENTS:

Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

### SIGNATURES:

FATHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MOTHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Application must be accompanied by a \$500  
 non-refundable fee payable to  
 Yeshiva Derech HaTorah.**

Yeshiva Derech HaTorah, 2810 Nostrand Avenue, Brooklyn, New York, does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

### FOR OFFICE USE ONLY

Fee - Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_

Cash  Check # \_\_\_\_\_  CC # \_\_\_\_\_

Name On Card \_\_\_\_\_

CVV # \_\_\_\_\_ Exp. \_\_\_\_\_